

☐ 385 N. Arrowhead Avenue, San Bernardino 92415-0160  
☐ 13911 Park Avenue, Victorville 92392  
☐ 1647 E. Holt Avenue, Ontario 91761



County of San Bernardino • Human Services System  
Department of Public Health  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES



DATE: \_\_\_\_\_  
PAID: \_\_\_\_\_  
CHECK #: \_\_\_\_\_  
REC'D BY: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_

PHONE \_\_\_\_\_

## Application for Health Permit Inspection and Health Services Farmers Market/Annual TFF Permit

Web site: [www.sbcounty.gov/dehs](http://www.sbcounty.gov/dehs)

### APPLICANT MUST FILL IN ALL BLANKS

ESTABLISHMENT NAME \_\_\_\_\_

ESTABLISHMENT ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

“LEGAL” OWNER NAME \_\_\_\_\_

“LEGAL” OWNER ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

LEGAL OWNER PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

Owner's Driver License \_\_\_\_\_

FORMER ESTABLISHMENT NAME \_\_\_\_\_

### APPLICANT MUST FILL IN ALL BLANKS

#### MAIL INVOICE TO:

Attention to: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

TOTAL FEE DUE \$ \_\_\_\_\_

**NOTE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS.**

FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

I hereby make application for health services and permit to establish and/or operate the above mentioned business, use, or service in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and the County of San Bernardino pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$52.00/hour. Initial \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Title \_\_\_\_\_

### TO BE COMPLETED BY OFFICE STAFF WHEN APPLICATION IS TAKEN

\*EST # \_\_\_\_\_ DISTRICT # \_\_\_\_\_ AUTHORIZED BY \_\_\_\_\_

\*PERMIT # \_\_\_\_\_ LOCATION CODE # \_\_\_\_\_ DATE \_\_\_\_\_

CATEGORY # \_\_\_\_\_ EXP DATE \_\_\_\_\_ NEW TRANSFER RENEWAL  
(Circle One)

\*Leave blank **only** if this is a new establishment.

## FOOD OR BEVERAGE TEMPORARY EVENT FACT SHEET

NAME OF EVENT	ORGANIZATION	DATE(S) of EVENT	ONE DAY EVENT? <input type="checkbox"/>
PERSON IN CHARGE OF FOOD STAND		FOOD WORKER TRAINING CERTIFICATES    YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS OF PERSON IN CHARGE	CITY	TELEPHONE NUMBER	

### FOODS

<input type="checkbox"/> ONLY PREPACKAGED FOODS OR DRINKS <input type="checkbox"/> FOOD PREPARATION AT BOOTH <input type="checkbox"/> FULLY ENCLOSED SNO-CONE, POPCORN, FLOSS CANDY, OR STEAMED HOT BOG UNIT (FOOD COMPARTMENT UNDER CANOPY) <input type="checkbox"/> OTHER (Describe below)	INDICATE SOURCE OF FOODS                      INDICATE WHAT FOODS ARE TO BE PREPARED AT STAND
IF PERISHABLE FOODS ARE INCLUDED, IS REFRIGERATION PROVIDED?    YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF REFRIGERATION

### UTENSILS AND EQUIPMENT

LIST ALL EQUIPMENT TO BE INSTALLED AT BOOTH OR STAND, INCLUDING GRILLS, REFRIG. UNITS, SINKS, BAR B-Q, ETC.	
2 COMPARTMENT UTENSIL WASHING SINK WITH HOT & COLD RUNNING WATER PROVIDED HOW? _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCATED WHERE? _____	

### FOOD STAND (Indicate materials used)

FLOOR	
WALLS AND ROOF MATERIAL	
HAND WASH SINK WITH PRESSURIZED HOT & COLD WATER <u>IN</u> BOOTH	
FULLY SCREENED?    YES <input type="checkbox"/> NO <input type="checkbox"/>	SERVICE OPENING THAT CAN BE CLOSED?    YES <input type="checkbox"/> NO <input type="checkbox"/>